

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029503

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 290 Primary Registration District No. 447 Registrar's No. 93

STATE FILE NUMBER

FILED JUL 16 1963

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville		c. CITY OR TOWN Rural, Arlington Tw Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
Length of stay in lb 4 Days		d. STREET ADDRESS (If outside, give location) 6 Mi. West of Rolla Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Waynesville, Gen. Hosp.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last WALTER WILLIAM TURNER			4. DATE OF DEATH Month Day Year July 8, 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/26/97	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Phelps County, Mo.	
13a. FATHER'S NAME John D. Turner		13b. MOTHER'S MAIDEN NAME Mary C. Forister		14. NAME OF HUSBAND OR WIFE Ruby	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			17. INFORMANT Address Mrs. Ruby Turner Rt. 2 Newburg		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardio Vascular renal disease DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 5 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Aug 14, 1948 to July 8, 63 and last saw her/him alive on July 8, 63 Death occurred at 12:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Richard Myers		22b. ADDRESS Newburg, Mo.		22c. DATE SIGNED July 8, 1963	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 10, 1963		23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cem.	
23d. LOCATION (City, town, or county) Phelps County, Mo.		25. DATE RECD. BY LOCAL REG. 7-9-63		26. REGISTRAR'S SIGNATURE Paula Mae Anderson	
24. FUNERAL DIRECTOR By Paul E. Hull ADDRESS Rolla					

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

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JUL 22 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Paul E. Hull

Licensed Embalmer No. 4498

P. O. Address _____

Rolla, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.